

Hepatitis Training

A Basic Knowledge Training for Hepatitis
Prevention



Agenda for the day

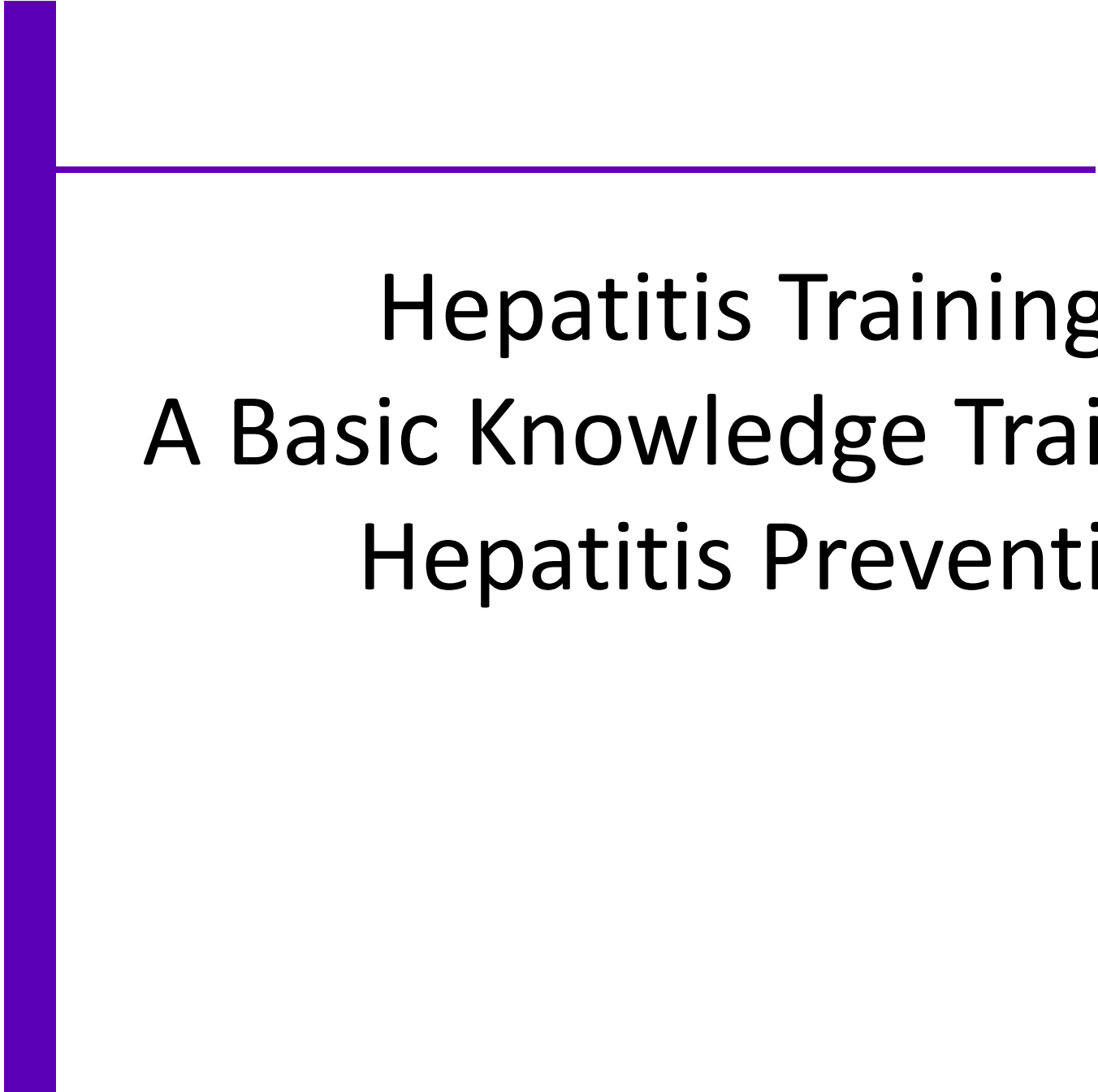
- Hepatitis Knowledge Pre-Test
- Hepatitis Basic Knowledge Training
- Hepatitis Statistics in DC
- Hepatitis Prevention and Harm Reduction with Clients
- Working with Clients and Case Studies
- Hepatitis Knowledge Post-Test

Why are we here today?

- Hepatitis affects residents of Washington DC
- Hepatitis disproportionately affects some of the populations we work with
- Additional hepatitis knowledge is needed by many agencies
- Agencies also request tools to assist staff with ensuring adequate linkages for clients who need hepatitis services

Hepatitis Knowledge Pre-Test

- Please take 10-15 minutes to complete.



Hepatitis Training: A Basic Knowledge Training for Hepatitis Prevention

Objectives

- To provide information useful to adopting and adapting hepatitis prevention strategies as part of your program
- Build specific skills and increase knowledge for frontline staff regarding hepatitis prevention & harm reduction counseling
- To stress the importance of making linkages vs. referrals
- Gather feedback to further improve future trainings

What is Hepatitis?

- Hepatitis is an inflammation of the liver
- Hepatitis can be caused by:
 - Alcohol
 - Drugs/medications
 - Autoimmune diseases
 - Bacteria
 - **Viral Infections (most common hepatitis A, B, & C)**
- **This training will focus on Viral Hepatitis A, B, & C**

Functions of the Liver

- Breaks down food, chemicals, medications and drugs
- Converts nutrients into energy
- Helps manage levels of certain substances in the body such as sugars
- Regulates fat storage
- Regulates blood-clotting factors
- Has the unique ability to regenerate itself



Healthy Liver



Your Liver. Your Life.

Unhealthy Liver



Your Liver. Your Life.

What are the symptoms of Hepatitis infection?

- When symptoms are present, they usually occur abruptly and can include the following:
 - Fever
 - Fatigue
 - Loss of appetite
 - Nausea
 - Vomiting
 - Abdominal pain
 - Dark urine
 - Joint pain
 - Jaundice

Acute vs. Chronic Infection

- An acute viral infection is characterized by rapid onset of disease, a relatively brief period of symptoms, and resolution within days or weeks
- Infections with certain viruses, however, often fail to resolve and become chronic. Such infections can persist for many years and some cause serious progressive disease and early death.
- Examples are Hepatitis B virus (HBV), hepatitis C virus (HCV) and human immunodeficiency virus (HIV) infections.

What is Hepatitis A (HAV)?

- Hepatitis A is a contagious liver disease that results from infection with the Hepatitis A virus
- HAV is found in the stool (feces) of people with acute* hepatitis A virus infection
- HAV is usually spread from one person to another by putting something in the mouth (even though it may look clean) that has been contaminated with the stool of a person with HAV.
 - This transmission is called "fecal-oral"
- HAV can live outside the body for months, depending on the environmental conditions, and can still be spread from cooked food if it is contaminated after cooking.
- There is a vaccine for HAV

What puts our clients at risk for HAV?

- Not being vaccinated
- Household contacts of acutely infected people
- Unclean water (developing countries)
- Foodborne (Restaurants)
- Day Care Centers
- Unsafe sexual practices (rimming etc.)

What is Hepatitis B (HBV)?

- Hepatitis B is a contagious liver disease that results from infection with the Hepatitis B virus
- In people with HBV, the virus is present in their
 - blood
 - semen
 - vaginal fluids
- HBV is transmitted more easily than HIV
- There is a vaccine for HBV
- HBV can also lead to a chronic* condition

What puts our clients at risk for HBV?

- Not being vaccinated
- Sharing needles and injection drug equipment
- Unprotected sex
- Unsafe tattooing/piercing practices

Hepatitis Vaccines

- Currently, FDA-approved vaccines exist for:
 - Hepatitis A Virus (HAV)
 - Hepatitis B Virus (HBV)
- No FDA-approved vaccines exist for:
 - Hepatitis C



HAV Vaccine: Dosing Schedule

- Two-dose series
- Provides pre-exposure protection from HAV
- Two doses of the vaccine, given at least six months apart, are needed for lasting protection
- A single dose of HAV vaccine will provide good quality immunity
- If a dose is missed, it is never too late to finish the series and there is no need to start the series over

HAV Vaccine: Effectiveness

- Very effective
- More than 99% of people vaccinated develop immunity against the virus and will never contract HAV even if exposed to it
- After one dose, about 94% of people become immune for the short term

HBV Vaccine: Dosing Schedule

- Three-dose series
- Given over 6 months
- Typically, the second dose is given at least one month after the first
- The third dose is administered 6 months after the first dose
- If a dose is missed, it is never too late to finish the series and there is no need to start the series over

HBV Vaccine: Effectiveness

- Very effective for adults and children who take all three doses
 - 50% protection after the first dose
 - 85% protection after two doses
 - 96% protection after all three doses
- Vaccine-induced antibody levels remain protection for more than 15 years, and people with declining antibody levels are still protected against HBV

Combination Vaccine

- The combination vaccine against HAV and HBV is Twindrix
- It offers the advantage of providing protection against both HAV and HBV through the combination of the vaccines, Havrix and Engerix-B
- Three-dose series (same as HBV dosing schedule)
- An accelerated schedule of 4 doses is an option for those with time constraints (travelers)

Treatment for HAV

- Acute hepatitis A usually resolves on its own and does not require medical treatment.
- There are no specific medicines to cure infection with hepatitis A. Most people require no treatment except to relieve symptoms.
- People with Hepatitis A should check with a health professional before taking any prescription or over-the-counter medications.
- Alcohol should be completely avoided.

Treatment for HBV

- For acute infection, no medication is available; treatment is supportive
- Symptoms of acute HBV typically last for several weeks but can persist for up to 6 months
- Acute infection ranges from asymptomatic or mild disease to — rarely — lethal hepatitis. Disease is more severe among adults aged >60 years
- The US fatality rate among acute cases reported to CDC is 0.5%–1%

Treatment for HBV

- ~25% of those who become chronically infected during childhood and 15% of those who become chronically infected after childhood die prematurely from cirrhosis or liver cancer
- In the United States, chronic HBV infection results in an estimated 2,000–4,000 deaths per year
- Persons with chronic HBV infection require ongoing medical evaluation to determine whether disease is progressing and to identify the level of liver damage
- Several anti-viral medications are available for the treatment of chronic HBV

What is Hepatitis C (HCV)?

- Hepatitis C is a contagious liver disease that results from infection with the Hepatitis C virus
- Approximately 3.9 million persons in the US are chronically infected
- Chronic Hepatitis C is one of the leading causes of liver cancer in the US and the leading cause for liver transplant in the US

Acute vs. Chronic HCV Infection

- **Acute HEP C infection** - short-term, initial stage of infection
 - Only 20% of clients who are acutely infected will clear the virus on their own
- **Chronic HEP C infection**
 - Long term health problems like cirrhosis, liver cancer and death
 - Liver damage for chronic patients also depends on client's HIV status, HBV status and alcohol use (continued alcohol use severely accelerates disease progression)

What puts our clients at risk for HCV?

- Sharing of needles, syringes and other injection drug use equipment in networks where HCV is common
- As many as 90% of IDUs are infected with HCV within 5 years of first injecting
- IDU accounts for >65% of all new hepatitis C infections

What other ways can clients get HCV?

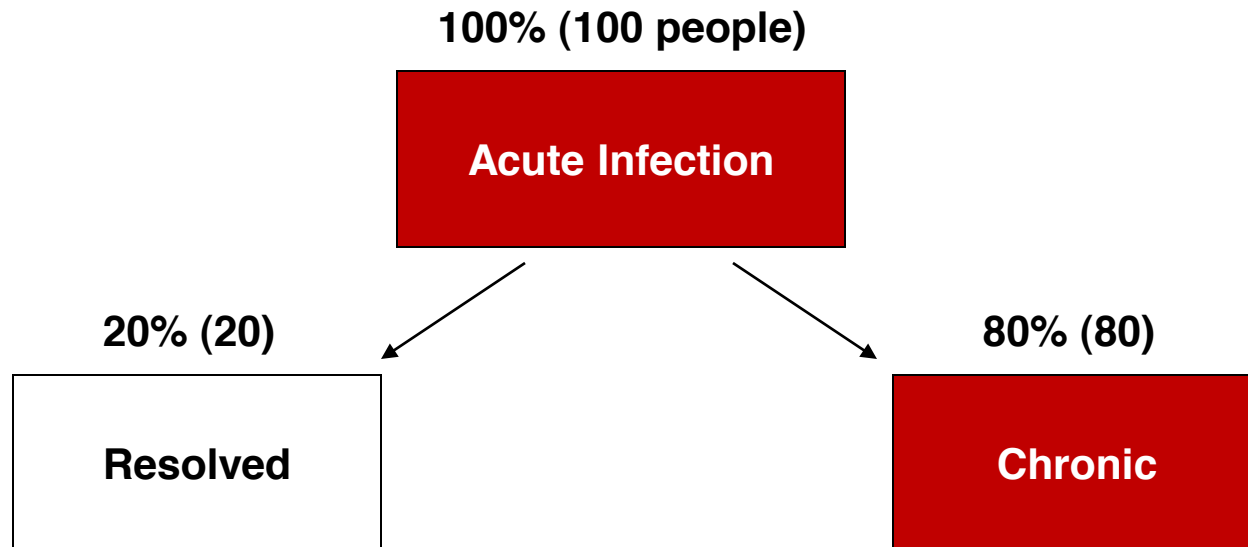
- Blood transfusion or organ transplant prior to 1992
- Sex: Sexual transmission may occur, but it is not the most efficient route
- Perinatal: Risk of infected mother to infant at birth is less than 5%.
- Tattooing: Use of contaminated and homemade equipment increases risk
- Intranasal: Transmission may occur when sharing straws
- Household: Transmission may occur by sharing items contaminated with blood. (razors, clippers etc)
- Occupational Exposure: Risk from needle stick:

HIV
0.3%

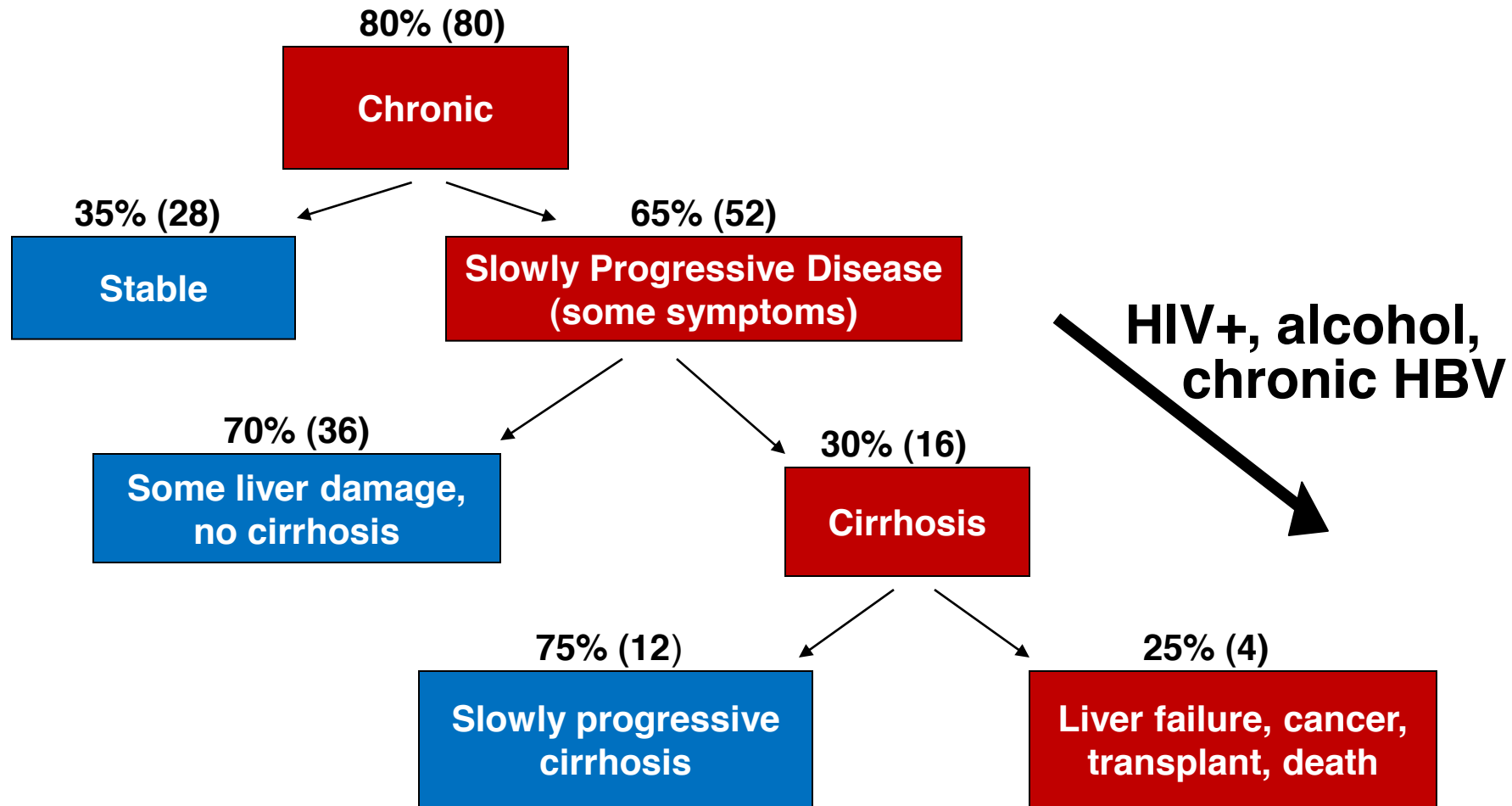
HCV
3%

HBV
30%

Progression of HCV Infection

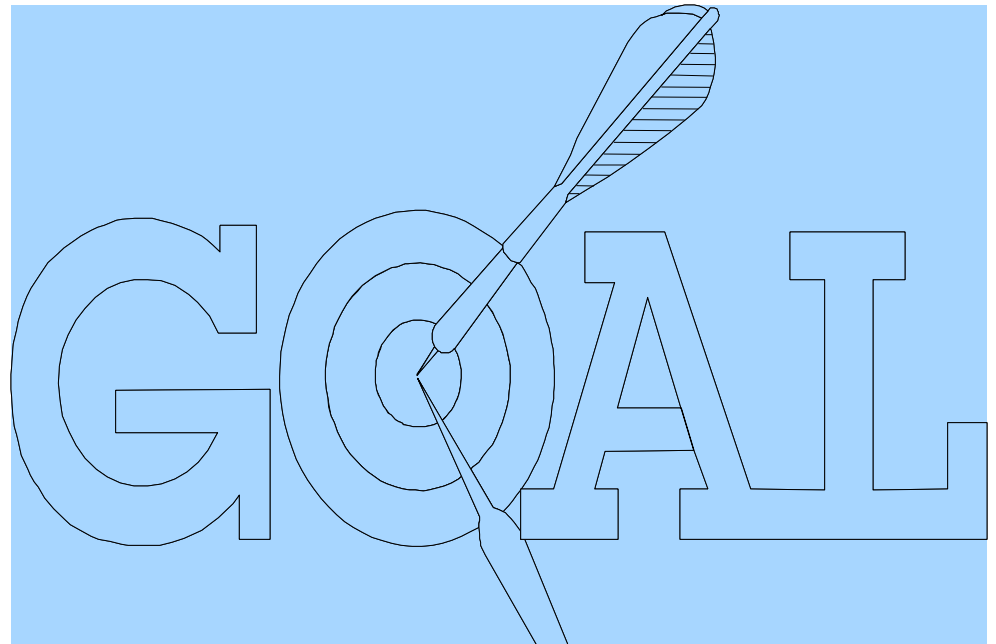


Progression of Chronic HCV



Treatment Goals

- Eradication of virus or ***sustained virologic response (SVR)***
- Healthier liver



HCV Treatment

- The foundation of HCV treatment is:

Pegylated alfa-interferon injected under the skin
(subcutaneously) once a week

+

Ribavirin capsules or tablets taken twice a day for
6 months to one year
(depending on genotype)

Side Effects of HCV Treatment

- Flu-like symptoms (including fever, chills, muscle aches, joint pain, and headaches)
- Fatigue (tiredness)
- Upset stomach (nausea, taste changes, diarrhea)
- Blood sugar problems, such as high or low blood sugar, and diabetes
- Loss of appetite

Side Effects of HCV Treatment

- Redness or swelling at injection site
- Skin problems (rash, dry or itchy skin)
- Hair loss (temporary)
- Trouble sleeping
- Irritability
- Depression
- Blurred vision retinal detachment, and corneal ulcers related to intestinal inflammation)

HCV Treatment

- Note: Not everyone needs to start HCV treatment right away (or at all)
- Treatment success is measured by ***sustained virologic response (SVR)***
 - Treatment is a success if there is an undetectable HCV viral load after finishing treatment

HCV Treatment Response

- **With only Ribavirin + Pegylated interferon**
 - Treatment of the most common genotype in the US, Genotype 1 required 48 weeks of treatment and resulted in 41-46% sustained virologic response (SVR) rate
 - HCV Genotype 2 & 3 are less prevalent in the U.S. and much easier to treat than Genotype 1

HCV Treatment Response

- **But the responses to Ribavirin + Pegylated interferon are not equal across ethnic groups.**
 - **Asians and Caucasians with Genotype 1 respond the best to Ribavirin + Pegylated interferon Treatment**
 - **Blacks and Hispanics commonly do not have as good SVR to Ribavirin + Pegylated interferon Treatment**

HCV Treatment Response

- Sustained virologic response when using **Only Ribavirin + Pegylated interferon** has been found to be highest among:
 - Asians at 60%
 - Whites at 40%
 - Hispanics 23%
 - And African Americans 16 -20%

Current Treatment Advances

- IN 2011 Two New HCV Protease Inhibitors have been approved by the FDA
- One Developed by Merck called **VICTRELIS** or **Boceprevir**
- One Developed by Vertex called **INCIVEK** or **Telaprevir**

Current Treatment Advances

The advantages of the these new drugs are:

- Increased efficacy of treatment outcomes (SVR)
- Shortening of the length of treatment for **some patients**

Determining which of the new drugs is right for which patient is the job of the prescribing physician and involves a number of factors

Current Treatment Advances

- **But it must be noted** that these new drugs are designed to be prescribed along with Ribavirin and Pegylated alfa-Interferon so there is **no decrease in side effects** during treatment.

What about HCV and HIV?

HCV/HIV Co-infection

HCV/HIV Co-infection

- 350,000 Americans are co-infected with HIV and HCV
- **Liver failure due to HCV is now a leading cause of death among people with HIV**

HCV/HIV Co-infection

- People with HIV are less likely to spontaneously clear HCV
- Co-infection with HIV causes rapid HCV disease progression and the likelihood of developing chronic HCV infection is greater
 - A weakened immune system allows HCV to replicate faster in the body
 - Faster progression to liver damage than people who are infected with HCV only

HCV/HIV Co-infection

- HCV treatment is generally less effective in co-infected people than it is in those with mono-infection
- HCV-related liver damage can limit treatment options for HIV
 - Liver damage may make it difficult for a person to tolerate some HIV anti-retrovirals

REVIEW: ABCs of Hepatitis

- Hepatitis viruses infect liver cells causing inflammation of the liver
- Hepatitis viruses differ in how they are transmitted and treated
- None are airborne
- Hepatitis A is primarily transmitted through the fecal-oral route (found in stool of people with acute HAV)
- Hepatitis B virus is present in blood, semen, and vaginal fluids and is transmitted through unprotected sex and dirty needles or drug equipment
- Hepatitis A and B are both vaccine preventable

REVIEW: ABCs of Hepatitis

- Hepatitis C virus is present in blood and can be transmitted through contaminated needles, other drug equipment or risky sexual practices
- Both hepatitis B and C can cause chronic infection
- Hepatitis C can be treated and cured, although the treatment regimen is difficult
- Hepatitis B and C are transmitted more easily than HIV

REVIEW: ABCs of Hepatitis

- Whites, Blacks, Hispanics and Asians have different outcomes when treated for HCV with **Ribavirin + Pegylated interferon**
- **New drugs for treating HCV are providing better outcomes for patients across the board.**

Let's Take A Break

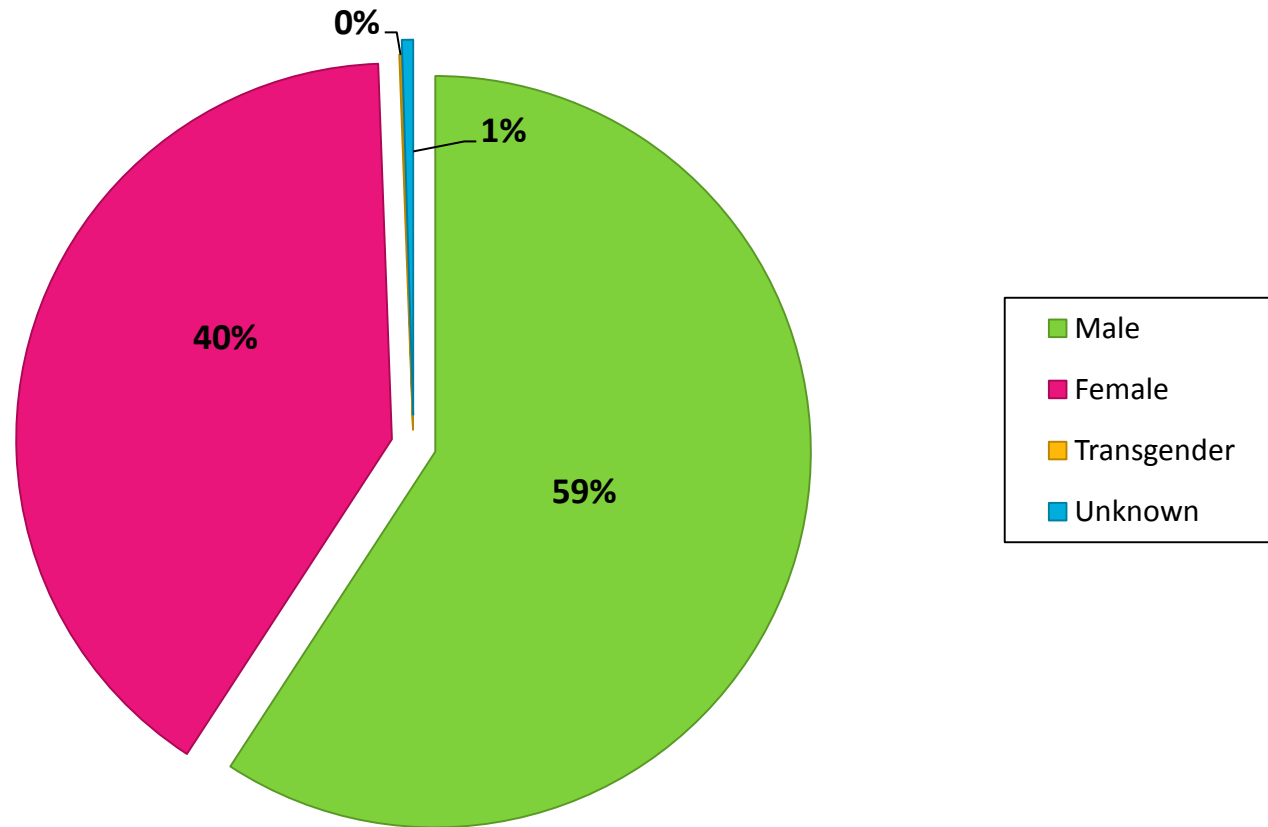
- 15 minute Break

What do we know about Hepatitis in the District of Columbia?

- Hepatitis Surveillance Data (2005 – 2009)
- Current Data
 - Chronic HBV by gender, race and age
 - Chronic HCV by gender, race and age

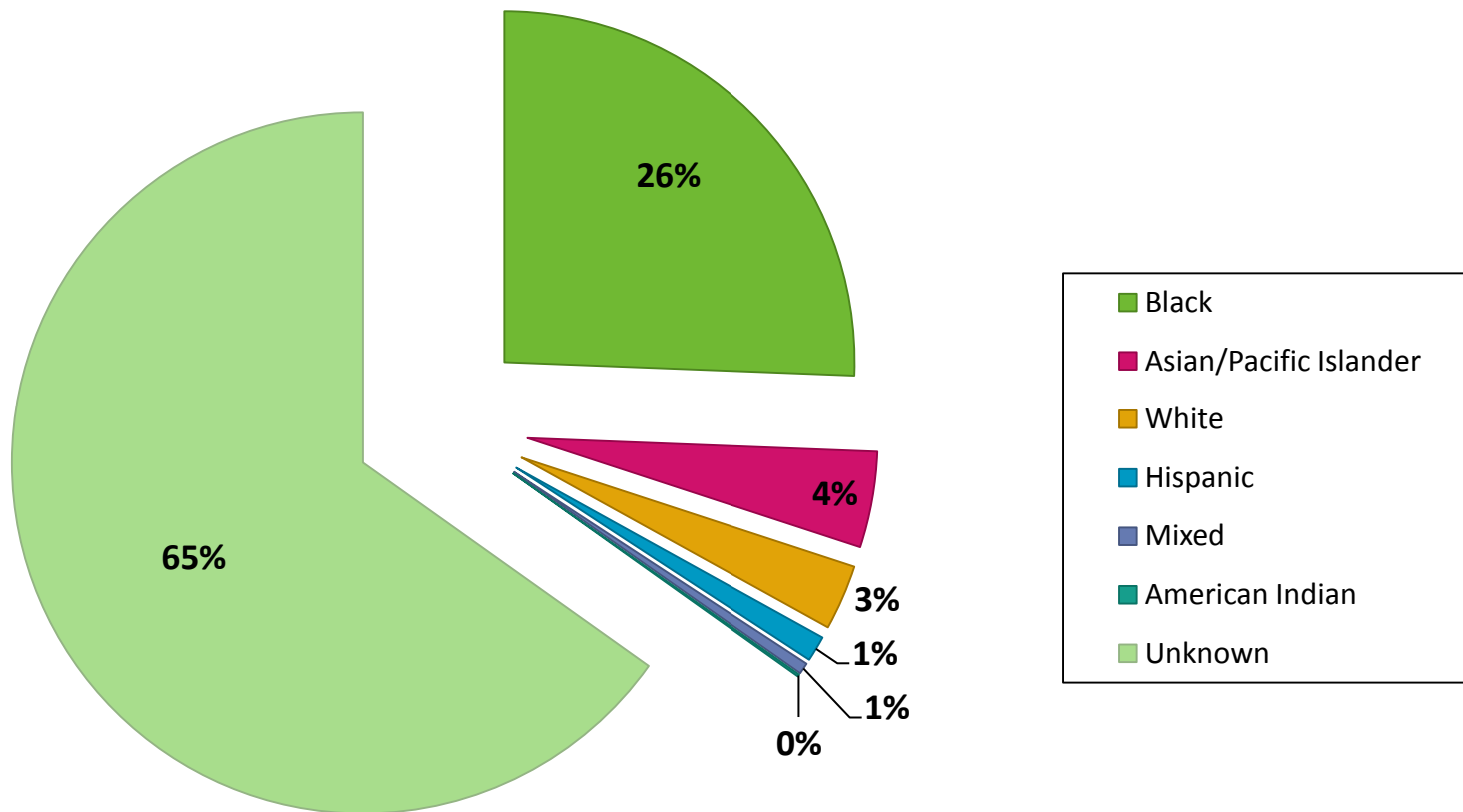
Chronic Hepatitis B, by gender: 2,893 Cases, 2005-2009

Chronic HBV Cases, by Gender (N= 2,893)



Chronic Hepatitis B, by Race/Ethnicity, 2005-2009

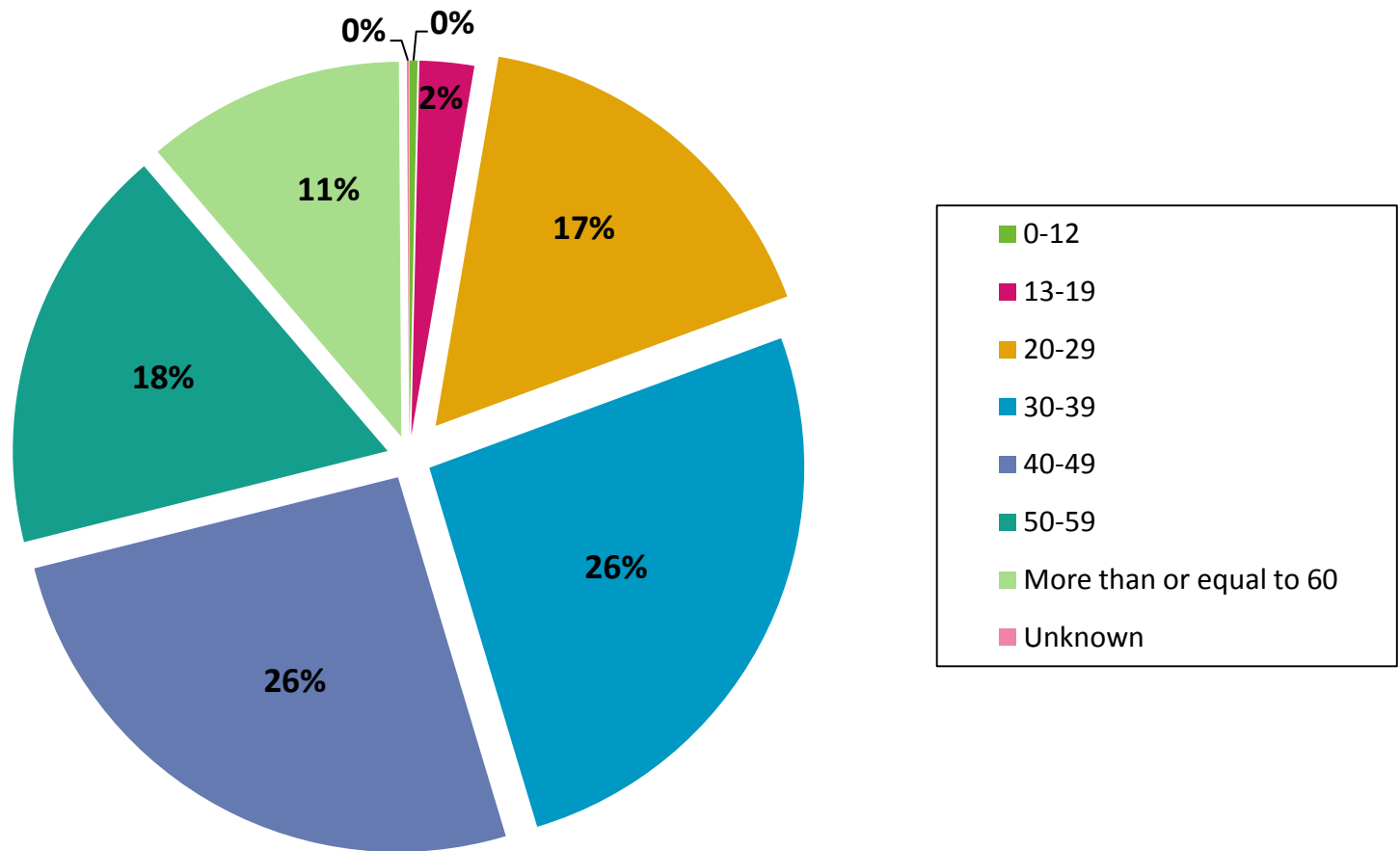
Chronic HBV Cases, by Race/Ethnicity (N=2,893)



**Unable to assess immigration/country of birth status*

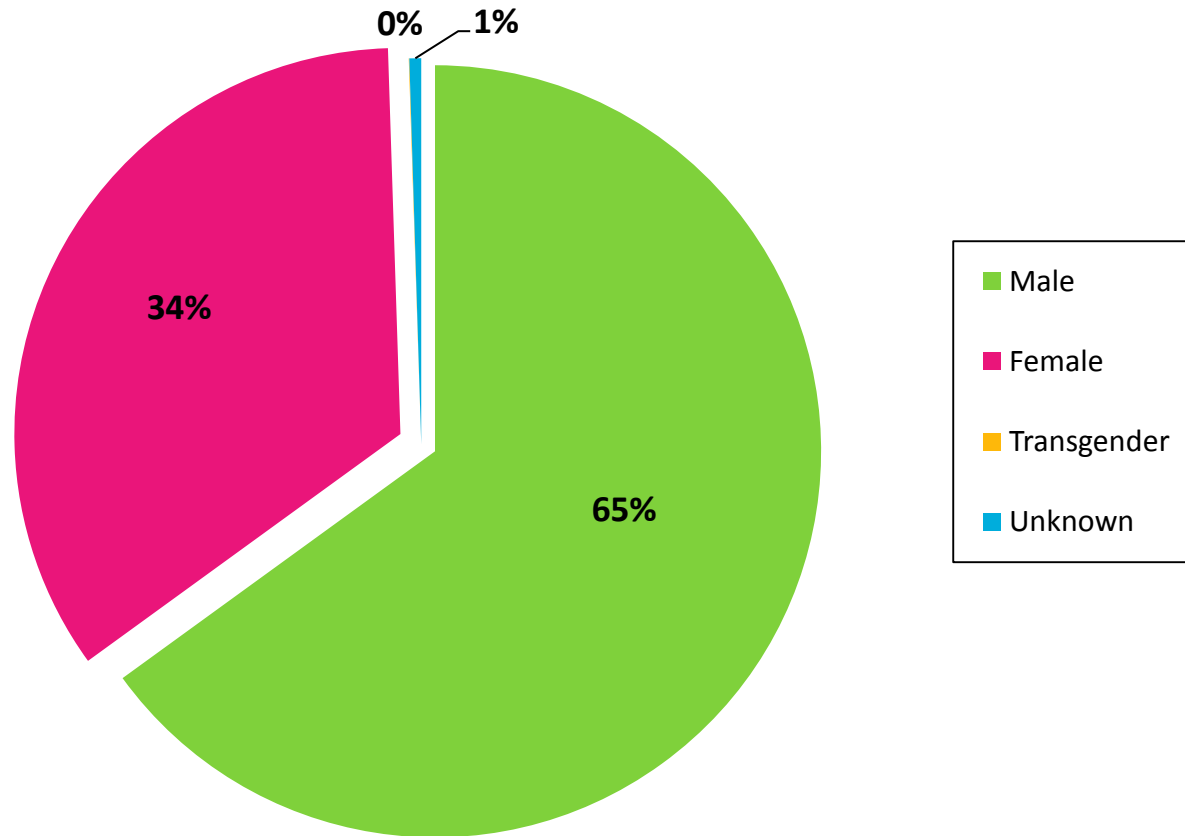
Chronic Hepatitis B, by Age at 1st Report, 2005-2009

Chronic HBV Cases, by Age (N= 2,893)



Chronic Hepatitis C*, by Gender 2005-2009

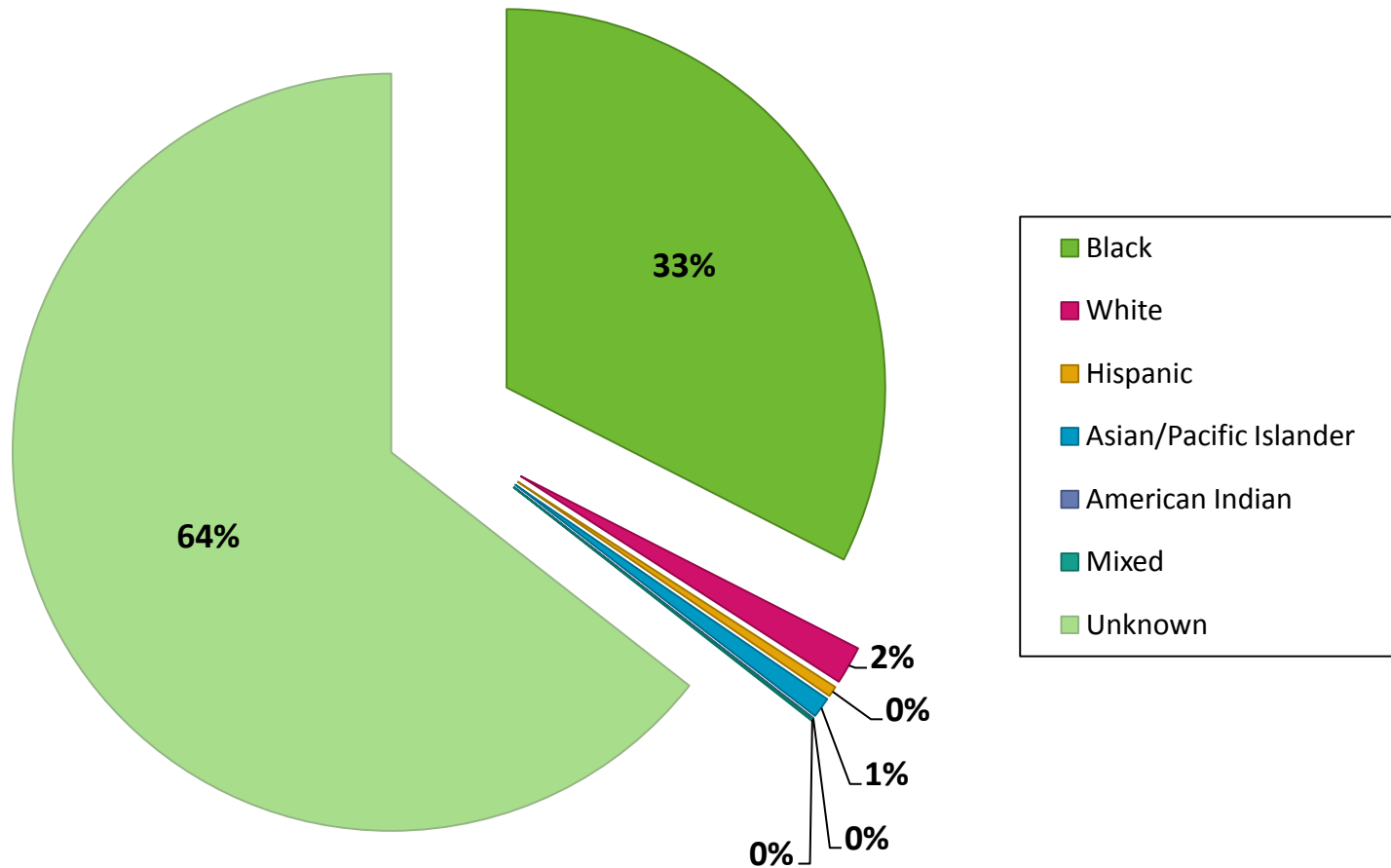
Chronic HCV Cases, by Gender (N= 12,012)



**Includes confirmed, probable, and suspect*

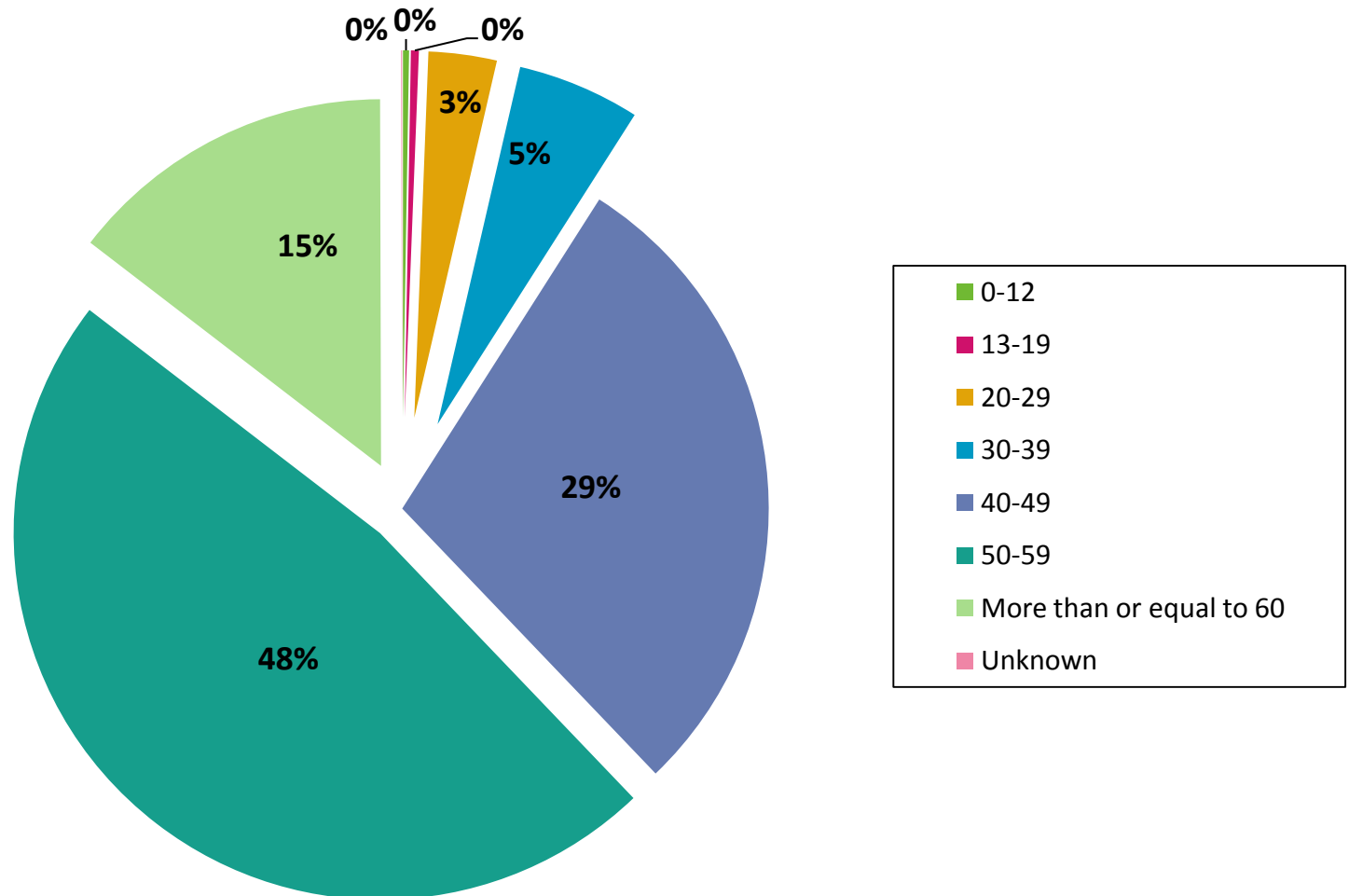
Chronic Hepatitis C, by Race/Ethnicity, 2005-2009

Chronic HCV Cases, by Race/Ethnicity (N= 12,012)



Chronic Hepatitis C, by Age at 1st Report, 2005-2009

Chronic HCV Cases, by Age at Diagnosis (N= 12,012)



Co-infection: HIV and Hepatitis B

- Of 2,893 Chronic Hep B reports
 - 456 (16%) also HIV+
 - Demographics
 - » 75% Male, 84% Black
 - Risk:
 - » 41% MSM (*Men who have Sex with Men*)
 - » 4% MSM/IDU
 - » 25% Heterosexual
 - » 18% IDU (*Injection Drug User*)
 - Age:
 - » 61% currently 30-49 yrs old

Co-infection: HIV and Hepatitis C

- Of 12,012 Chronic Hep C reports
 - 1,510 (13%) also HIV+
 - Demographics
 - » 69% Male, 91% Black
 - Risk:
 - » 45% IDU (*Injection Drug User*)
 - » 6% MSM/IDU
 - » 21% Heterosexual
 - » 19% MSM (*Men who have Sex with Men*)
 - Age:
 - » 67% currently 30-49 yrs old
 - » 21% currently 50 yrs old and older



Hepatitis Prevention and Harm Reduction with Clients

Why is hepatitis prevention important for our clients?

- Hepatitis is highly prevalent among the substance abuse population
- Hepatitis is very easily transmissible
- Many are not aware of their status
- Very small window of opportunity to prevent HCV among IDUs
- Vaccines are available to prevent HAV and HBV
- Co-infection with other chronic diseases causes greater health problems
- Medical homes are the best places to receive full assessment and linkage to appropriate services

What are some ways we can address hepatitis prevention for our clients?

- Hepatitis Risk Reduction Education
 - How do we incorporate what we have just learned in everyday risk reduction counseling?
 - Is there anything we are currently doing which addresses hepatitis prevention?
- Harm Reduction Services
 - For more information about harm reduction programs in DC <www.doh.dc.gov/hiv>
- Providing clients options to find a medical home
 - Comprehensive list of primary care agencies that also provide hepatitis services will be provided at the end of this session.

What are the most important HAV prevention messages for our clients?

- Hepatitis A ***vaccination*** is the best protection.
- Always wash hands with soap and water
- Use gloves (i.e. when changing diapers or engaging in any other risk activity)
- Find a medical homes for vaccination/screening/care
- Find other prevention services such as needle exchange and condom distribution programs
- Harm Reduction
 - Use protection for oral/anal sex

What are the most important HBV prevention messages for our clients?

- Hepatitis B ***vaccination*** is the best protection.
- Avoid unprotected sex
- Find medical homes for vaccination/screening/care and other medical services
- Find other prevention services such as needle exchange and condom distribution programs
- Harm Reduction:
 - Avoid sharing injection drug equipment
 - For tattooing use sterilized needles only

What are the most important HCV prevention messages for our clients?

- There is no vaccine to prevent HCV infection.
- Find medical homes for vaccination/screening/care and other medical services
- Find other prevention services such as needle exchange and condom distribution programs
- Harm reduction:
 - Avoid sharing injection drug equipment
 - Avoid sharing tattooing equipment, razors, toothbrushes, and other implements that might hold blood
 - Avoid sharing straws for intranasal drug use.
 - Use a condom or other barrier when having sex

Why should our clients get screened for HBV?

- HBV infections are often asymptomatic and are very easily transmissible
- Chronic HBV can lead to serious complications such as cirrhosis, liver cancer and liver failure
- Many individuals have not been vaccinated and continue to place themselves at risk for HBV infection
- Screening for HBV is the best way to determine whether an individual needs vaccination or a plan for adequate care and treatment

Why should our clients get screened for HCV?

- Majority of HCV infection is among IDUs
- People with hepatitis often cannot tell they have liver diseases such as cirrhosis and liver cancer
- Healthcare providers have a chance to examine and determine the need for antiviral treatment and screen for liver cancer - successful response to antiviral therapy can prevent liver disease from getting worse
- Counseling and support can be offered to make positive behavioral changes and help prevent the spread of infection and improve quality of life
- Vaccinations can be given to prevent other viral hepatitis infections

Basic Package of Hepatitis Prevention Messages

- Vaccination
- Practice Safe Sex
- Avoid Sharing Drug Equipment
- Get Screened
- Find a Medical Home

What if the client already has hepatitis?

- Secondary Prevention Messages: For the client who already has been diagnosed with hepatitis
- Take care of your liver
 - Abstain from alcohol
 - Weight Reduction
- Use Harm Reduction Strategies (Needle Exchange, Condoms)
- Risk of Re-infection (Cirrhosis – Liver Cancer)
- Make sure you have a medical home
 - Get tested (HIV, HAV, HCV, HBV)
 - Get vaccinated (HAV, HBV)
 - Develop a care and treatment plan if you have hepatitis

What is Harm Reduction?

- Philosophy based on:
 - Replacing an all-or-nothing approach to disease prevention
 - Acknowledging The Stages of Change
 - Accepting the small incremental steps are progress

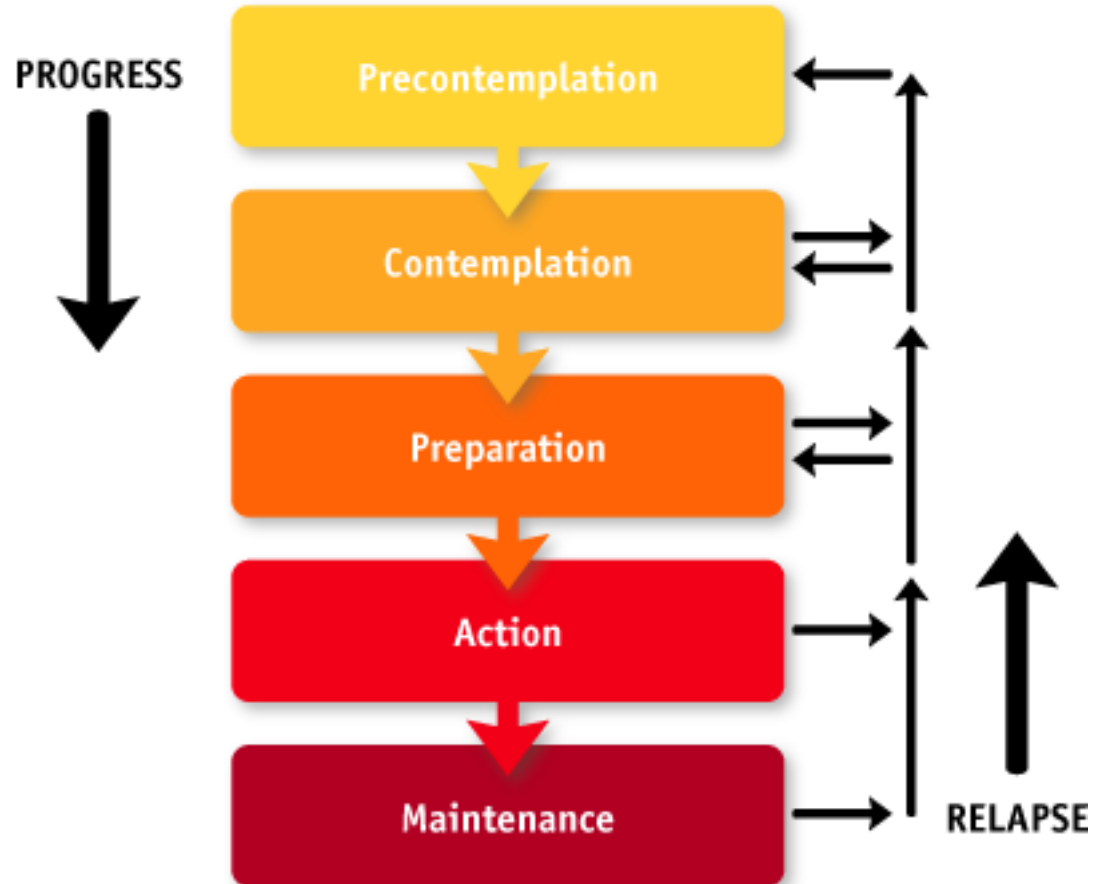
Goals of Harm Reduction

- Support the empowerment and health of each client
- Reduce or eliminate the negative impact of substance use, risky sexual behaviors and/or other activities that have harmful side effects to human health
- Reduce risk of HIV, viral hepatitis and other blood borne diseases
 - Ex. Needle exchange programs, sexual risk reduction

More about Harm Reduction...

- Harm-Reduction Providers acknowledge the power of the gratification received during active addiction
- The primary goal is to help clients be as healthy as possible
- By Using What Attitudes and Tools?:
 - It works to express true respect
 - It seeks an ongoing dialogue with clients
 - It promotes safe and open discussions regarding the details and circumstances of risk behaviors
 - Thereby creating the potential for self-directed, sustainable behavior change

Stages Of Change



Stages Of Change

- **1) Pre-Contemplation**
 - People in this stage don't want to make any change to their habits and don't recognize that they have a problem. This stage is many times referred to as the “denial” stage.
 - Unfortunately, it's difficult to reach people in the pre-contemplation stage, so as a rule the harm reduction approach is to create an atmosphere where the client is likely to willingly return

Stages Of Change

- **2) Contemplation**

- During this stage, you are weighing the costs and benefits of change, contemplating whether it's something that will be worth it. People can remain in this stage for years without preparing to take action.
- This is where introducing motivating goals and visualizing positive results can be very helpful for someone in the contemplative stage

Stages Of Change

- **3) Preparation**

- At this stage the individual is making the necessary adjustments required for success. The person must identify any barriers to change that can be removed and begin to remove those barriers.
- What kinds of preparations might be needed to facilitate entering into treatment for HEP C?

Stages Of Change

- 4) **Action**

- This is where the rubber meets the road!

ACTION IS TAKEN

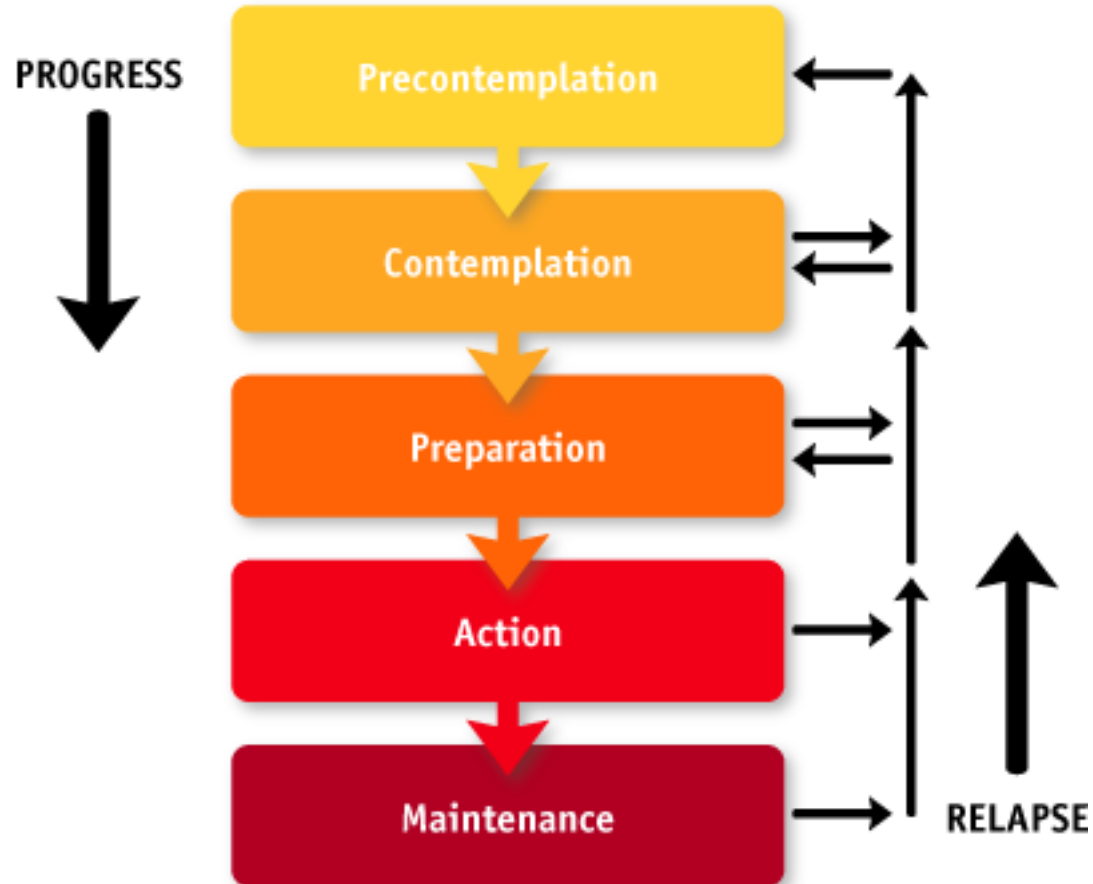
- The Harm Reduction strategy is to provide positive reinforcement

Stages Of Change

- **5) Maintenance**

- The person strives to maintain the new behavior over the long term
- The Harm Reduction strategy is to provide encouragement and support

Stages Of Change



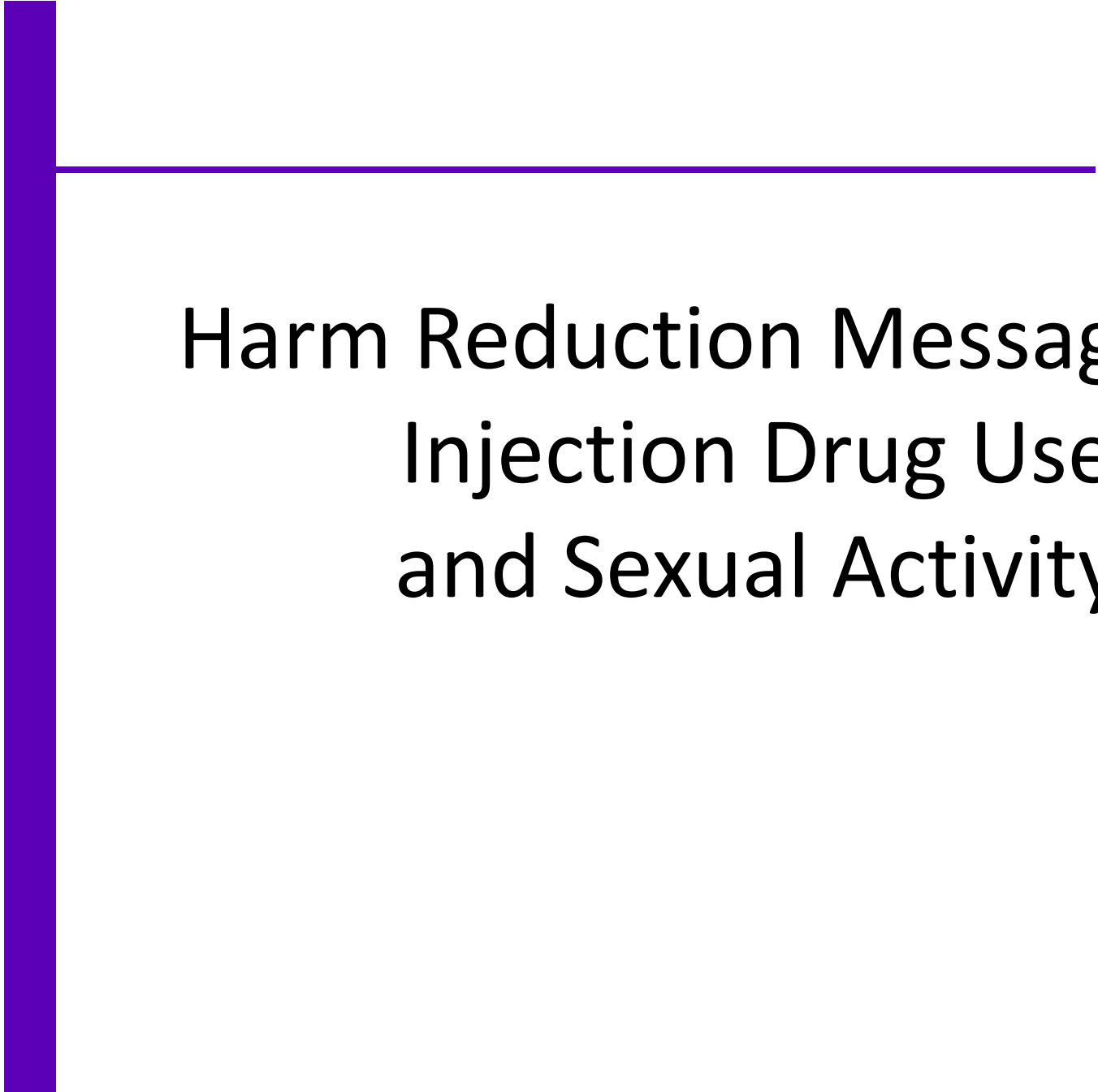
Stages Of Change

Relapse

- This can occur anywhere in the process
- During this part of the process the client needs our non judgmental support more than ever
- The primary goal during relapse is to keep the client engaged if possible

Applying Harm Reduction to Viral Hepatitis Prevention

- Drug use/needle & injection equipment sharing
- General practices of good hygiene
- Sexual activity
- Healthy living to promote general health and liver health
- Decrease alcohol use
- Many of the harm reduction approaches used in HIV and STD prevention apply to harm reduction approaches to viral hepatitis prevention! (access to clean syringes, condom use, etc).



Harm Reduction Messages for Injection Drug Use and Sexual Activity

Continuum of Drug Use

Chaotic Drug Use

Everything in Between

Abstinence



Searching for the
Near-Death
Experience

Social Use
Regular Use
Problem Use
Addiction

Cessation
of Drug Use

Risk for Hepatitis among IDUs

- HIV and viral hepatitis can be spread through injection drug use
- HBV & HCV are more easily transmitted via blood than HIV
- Viral hepatitis can be present in very small amounts of blood
- Blood can be present on any injecting equipment, even though it may not be visible (syringe, cooker, cotton, hands, used water, etc.)

Risk for Hepatitis Related to Sexual Activity

- STDs, HIV and viral hepatitis can be spread through sex
- Risk of exposure is heightened if there are multiple sex partners
- Risk for HIV and viral hepatitis is higher with sex activities that involve blood

Messaging with Clients

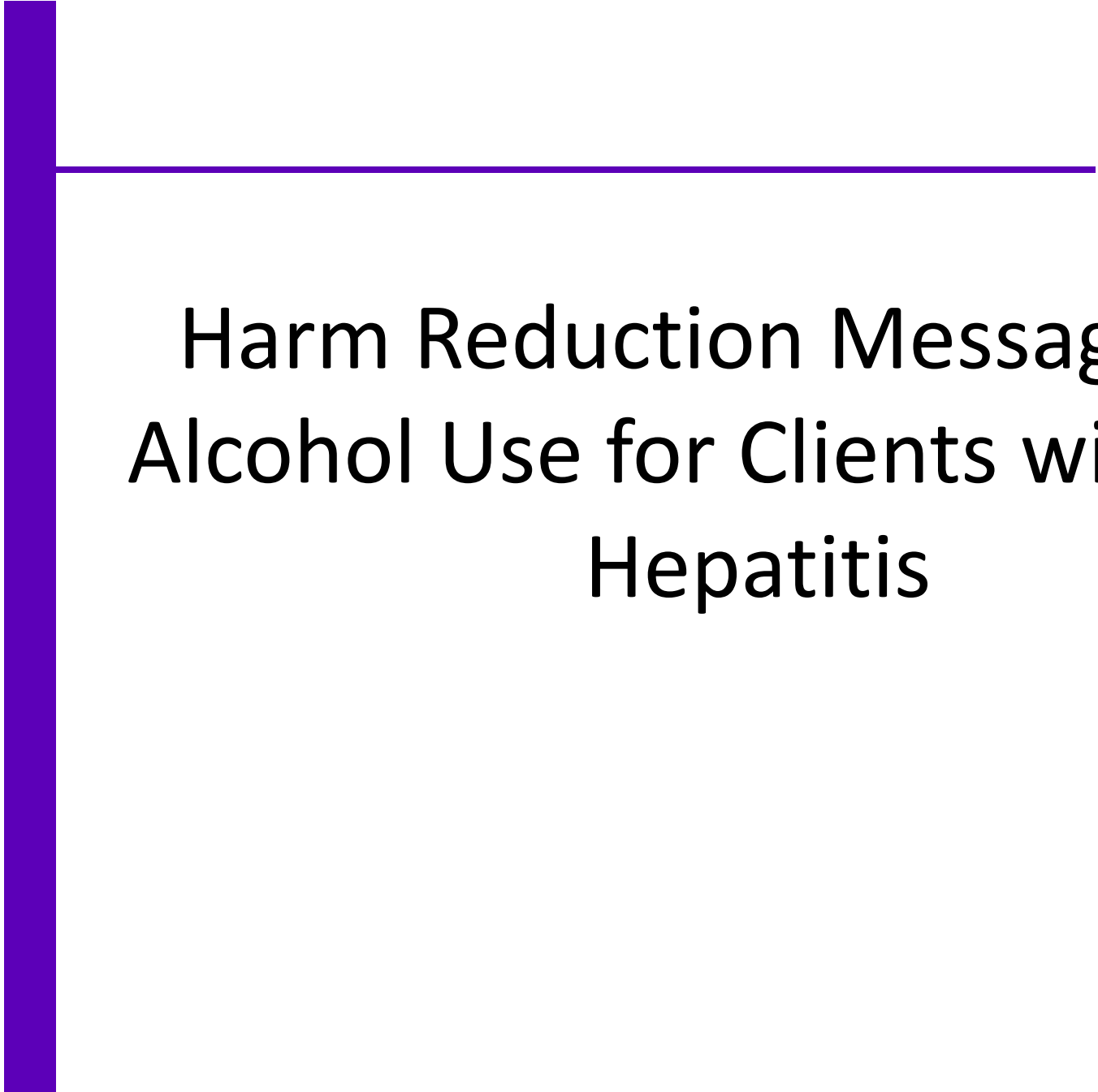
- In your initial conversation with a client who injects drugs or engages in risky sexual activities...
 - What are the top five messages to/priorities for the client?
 - What is the end goal of the conversation?
- Keep in mind what we discussed about Harm Reduction and Viral Hepatitis!

Harm Reduction Messages for Drug Users

- Abstinence/Drug Free/Drug Replacement Therapy
- Vaccination
- Obtain sterile syringes/works
- Reduce consumption
- Take drugs in other ways
- Practice safer injection techniques
- Clean works
- Practice good hygiene
- Know your status
- Get treated
- Find medical provider
- Stay positive!

Harm Reduction Messages for Risky Sexual Activity

- Vaccination (HAV, HBV)
- Abstinence/delay of onset
- Mutual masturbation
- Known partner's serostatus and mutual monogamy
- Use of male or female condom with lubrication
- Latex barriers such as dental dams for oral sex
- Get treatment for STDs



Harm Reduction Messages for Alcohol Use for Clients with Viral Hepatitis

Some Key Messages About Alcohol Use

- If you already have hepatitis, alcohol is extremely toxic to the liver, especially when used heavily
- Drinking 2-3 alcoholic drinks a day can contribute to disease progression if you have hepatitis
- Discontinue Use of Acetaminophen (Tylenol)

Harm Reduction Strategies for Alcohol Use

- Abstinence
- Alcohol reduction strategies
- Social and personal supports
- Address underlying issues that may contribute to drinking
- Develop harm reduction plans for other risky activity (such as unprotected sexual activity)
- Drink non-alcoholic drinks
- Alternate alcoholic drinks with water

Link all clients to medical homes

- If a client is successfully linked to a medical home s/he can receive needed services
 - Hepatitis vaccination
 - Hepatitis screening
 - Hepatitis care and treatment
 - HIV testing and other medical services
 - Primary Care

Barriers to Linkage

- There are various complexities to linking people into care and services. Thus in order to address them, it is important to:
 - Assess agency's capacity and put in place policies to build partnerships, tools and protocols to form effective linkage pathways for your clients
 - Simply making a referral is not sufficient
 - Make sure the linkage is made. Build relationships and protocols with sites for linkages

Empower Clients

- Educate clients about not only their risks for infections but also the services they should specifically ask for at medical homes.
 - Hepatitis Screening
 - HIV Screening
 - Hepatitis Vaccination (*Provider may not know to offer*)



Working With Clients

As a provider:

Ask, Advise, Link

- **Ask** the question: Do you know about hepatitis? (or What do you know about hepatitis?)
- **Advise** the client: Educate the client around prevention and harm reduction.
- **Link**: Educate them about their options and resources in DC to find a medical home and empower them to actively request relevant prevention, screening and care services.

Ask the question: Do you know about hepatitis?

What do you know about hepatitis?

NEVER assume the client knows about hepatitis.

- If the client, does NOT know about hepatitis:*
 - Explain the 3 main types of hepatitis A, B, and C (Remember the slides What are the most Important Prevention Messages?)
 - Discuss the risk factors and routes of transmission for hepatitis A, B, and C
 - Discuss harm reduction messages and options
 - After you have addressed all of the client's questions, move to **Advise**
- If the client is knowledgeable about hepatitis:
 - Briefly, reiterate the 3 main types hepatitis (A,B, and C), their risk factors, and how they are transmitted
 - Move to **Advise**

Advise: Help them find a medical home

- Now that your client knows more about hepatitis, advise them around the importance of finding a medical home for screening, vaccination etc and empower them to actively seek these services.

**Refer to “Harm Reduction Key Messages”*

Link: Make the linkage

- After the client has been advised around risks for Hepatitis and how they may benefit from additional services, ensure that the client has a medical provider where the needed services may be offered.

If the client does not have a medical home, link the client to:

- Medical homes (primary care agencies) in Washington DC that also provide hepatitis services.
- If uncertain about their medical provider, work with them to locate resources to access hepatitis services. (walk-in vaccination sites etc)

Hepatitis Case Studies



Hepatitis Case Studies: Action Plan

You are the staff member seeing this client...

What is your treatment plan?

- Where do you start the conversation with him/her?
- What are his/her risks for viral hepatitis?
- How do you introduce viral hepatitis into the conversation?
- What are the goals of this first conversation?

Remember Ask, Advise and Link!

Case Study Review

- Report back on Case Study:
 - Who is your individual?
 - What is your treatment plan?

Viral Hepatitis Resources in DC

- Where can I send clients for viral hepatitis vaccinations (A,B)?
- Where can I send clients for viral hepatitis screening (A,B,C)?
- Where can you send clients for viral hepatitis treatment (B,C)?
- Where can I send clients with additional concerns, like HIV co-infection?

Hepatitis A&B Immunization

- Bread for the City
- Carl Vogel Center
- Christ House
- Congress Heights Community Health Center
- DC DOH Immunization Program
- Family and Medical Counseling Service, Inc.
- Georgia Avenue Express Clinic
- Howard University Hospital
- La Clinica Del Pueblo
- So Others Might Eat
- Unity: Phoenix Center
- Upper Cardozo

Hepatitis A,B&C Screening

- Howard University Hospital (C)
- La Clinica Del Pueblo (C)
- Bread for the City (C)
- United Medical Center (C)
- Dimensions Health Care System (C)
- RAP, Inc. (C)
- Whitman Walker Clinic-STD Clinic (B,C)
- GWU Medical Faculty Associates (A,B,C)
- So Others Might Eat (A,B,C)
- Carl Vogel Center (A,B,C)
- Congress Heights Community Health (A,B,C)
- Andromeda (A,B)
- Unity: Phoenix Center
- Family and Medical Counseling Service (A,B,C)

Treatment: Subspecialty Clinics

- DC Partnership for HIV/AIDS Progress (DC PFAP) Subspecialty Clinics
- Refer patients with viral hepatitis for:
 - Hepatitis Consultations
 - Hepatitis Treatment
 - Hepatitis Management
- To refer, call or email Clinical Nurse Administrator
- Where are the services provided?
 - Family and Medical Counseling Service, Inc.
 - Unity Health Care Walker Jones Center
 - Unity Health Care DC General Center
 - Whitman Walker Clinic Elizabeth Taylor Medical Center

Commitment Activity

- Let's take a minute to discuss what we have learned today.
- What will we take back to our agency from this training.
- List 1 or 2 things your agency can begin putting in place to address hepatitis prevention with their clients.



Hepatitis Knowledge Post-Test

Thank You
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